



ALABAMA LICENSE BOARD FOR Interpreters and Transliterators

2777 Zelda Rd., Montgomery, AL 36106

Phone: (334) 277-8881

Fax: (334) 263-6115

Application for License Renewal

Ms., Mrs., Mr. *First Name:* _____ *Middle Initial:* _____ *Last Name:* _____
Circle one
License # _____ *Last 4 digits of SS #* _____

Preferred? *Home Address:* _____
City: _____ *State:* _____ *Zip Code:* _____ *County:* _____

Primary Phone: _____ - _____ - _____ *Secondary Phone:* _____ - _____ - _____

Personal Email Address: _____

Current Employer: _____

Preferred? *Address:* _____
City: _____ *State:* _____ *Zip Code:* _____ *Work Phone:* _____ - _____ - _____

Work Fax: _____ - _____ - _____ *Work Email:* _____

List all credentials (Required): _____

Please answer all questions and attach any supporting documentation

- | | YES | NO |
|---|-------|-------|
| 1. Are you a citizen of the United States of America? | _____ | _____ |
| 2. Are you or have you ever been addicted to alcohol or drugs? | _____ | _____ |
| 3. Have you ever been treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting? | _____ | _____ |
| 4. Have you ever voluntarily or otherwise surrendered your license or certification/ registry in any jurisdiction, state or territory? | _____ | _____ |
| 5. Are you currently under investigation by any licensing board or agency? | _____ | _____ |
| 6. Have any suits been filed against you or your employer on your behalf? | _____ | _____ |
| 7. Are you currently charged with, or ever been convicted of, a felony or misdemeanor? | _____ | _____ |
| 8. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession? | _____ | _____ |
| 9. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action? | _____ | _____ |

If you answered yes to questions 2-9, please provide details on separate sheet of paper.

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge. I have reviewed and understand the requirements for annual renewal. I further understand this license limits me to provide services in specific areas for which it has been issued.

Signature

Date

You must include all of the following:

- This notarized form
- A \$175.00 License Renewal fee - Check #:
- Copy of your current RID membership card
- Copy of your current CMP transcript

Sworn to and subscribed before me this the

_____ day of _____, 20____

Notary Public

My commission expires: ____/____/____